Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

509018		143036595
(242)	Carrier (ETC) must provide	Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).
2017	UT	Boomerang Wireless LLC
to the same of the	State	ETC Name
enTouch Wireless	Co	
enTouch Wireless DBA, Marketing, or Other (If same as ETC name, list "N/A"	Branding Name Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Other (If same as ETC name, list "N/A") Does the reporting company	have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank) Yes No O
DBA, Marketing, or Other (If same as ETC name, list "N/A") Does the reporting company Provide a list of all ETCs that are af	have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
ebruary	90
March	41
April	22
May	19
June	21
July	Ø
August	Ø
September	Ø
October	Ø
November	Ø
December	Ø
Total Subscribers	194

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial KAL

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial KAL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

A. Subscribers eligible for recertification by anniversary month

Subscribers de-enrolled prior to recertification attempts

Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Α.	0	0	0	0	0	0	Ø	100	Ø	Ø	0	396	396
В.	0	0	0	0	0	0	Ø	Ø	Ø	0	Ø	396	396
C.	0	0	0	0	0	0	Ø	0	Ø	Ø	Ø	Ø	Ø

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

ероп	Jan	Feb	Mar	Apr	May May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

the ST is time subscriber the STC contacted directly to obtain recertification of eligibility

epor	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	10	0	0	0	0	Ø	0	Ø	Ø	Ø	Ø
	U	1 0	0	U	0		4		-	100			

G. Subscribers who failed to recertify through ETC direct outreach attempt

Lifeline subscribers de-enrolled due to incligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	100	Ø	Ø	0	Ø	Ø	Ø

H. Subscribers who recertified through ETC direct outreach attempt

ort the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

Report	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	10	05	Ø	Ø	Ø	0	0	Ø	0	Ø	Ø	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

kepo	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of third party administrator used to verify subscriber eligibility:

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

Report	Jan	Feb	Mar Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

ерог	Jan	Feb	Mar Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0
	U	0	U	U	U	U	0						

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _____

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _	KA	L
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Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

isted above.
Initial
No Subscribers I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial

M = (G+K)	N = (D+F+I)	O = M/N*100	
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled	
\sim	0	0.00%	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, IMV	l elman
Signature of Officer klehrman@reac	
Email Address of Offic	cer
Oliver J. Moeller	
Person Completing Th	is Certification Form

Kimberley Lehrman, President Printed Name and Title of Officer 12/24/2018 Date 3197434641 Contact Phone Number

Affiliated ETCs

SAC	Name
UNC	
The state of the s	
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